PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective October 1, 2000																	
CLAIMS AS FILED - PART (Column 1)						(Column 2)		SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY							
TOTAL CLAIMS			a constant					RATE	FEE	۱ , ا	RATE	FEE					
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00					
TOTAL CHARGEABLE CLAIMS			3 minus 20=		•			X\$ 9=	*	OR	X\$18=						
INDEPENDENT CLAIMS			minus 3 =		•			X40=		OR	X80=						
MULTIPLE DEPENDENT CLAIM PRESENT							٠,,	+135=		OR	+270=						
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2	`	TOTAL		OR	TOTAL	MA					
CLAIMS AS AMENDED - PART II (Column 1) (Column 2)								SMALL E			OTHER SMALL I	THAN					
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	IEST BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	. [-	RATE	ADDI- TIONAL FEE					
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=						
	Independent	*	Minus	···	T. O.L A INA			X40=		OR	X80=						
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=						
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE						
		(Column 1)	•	(Colu	mn 2)	(Column 3		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•							
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		ŖATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE					
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=						
	Independent	NTATION OF M	Minus	***	T CL AIM	=		X40=		OR	X80=						
_	THOTTRESE	INTATION OF IM	SETTE DE	FENDEN	CCAN			+135=		OR	+270=						
٠,								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE						
		(Column 1)		(Colu	mn 2)	(Column 3	3)_										
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER IOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE					
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=						
	Independent	*	Minus	***	T CL AIR]=		X40=		OR	X80=						
	TIMST PHESE	ENTATION OF M	OLTIPLE D	EPENUEN	II CLAIM	·	ل	+135=		OR	+270=						
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	TOTAL						
***	'If the "Highest Nu	umber Previously P	aid For" IN T	HIS SPACE	is less th	**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

FORM PTO-875 (Rev. 8/00) 14 0 Dir N